

<b>Case Number:</b>	CM15-0127162		
<b>Date Assigned:</b>	07/13/2015	<b>Date of Injury:</b>	02/18/2011
<b>Decision Date:</b>	08/11/2015	<b>UR Denial Date:</b>	06/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/01/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 55 year old male, who sustained an industrial injury on 2/18/2011. He reported the onset of neck, upper back, lower back and bilateral shoulder pain as a result of repetitive movements of the right upper extremity. Diagnoses have included chronic cervical strain, chronic lumbar strain, chronic shoulder strain, calcific tendinitis right shoulder and chronic bilateral wrist strain. Treatment to date has included physical therapy and medication. According to the Qualified Medical Evaluation dated 5/18/2015, the injured worker complained of pain in his neck with no radiation. He complained of right shoulder pain with elevation and abduction of the arm. He complained of bilateral wrist and hand pain. He also complained of low back pain. Exam of the cervical spine revealed tenderness to palpation of both upper trapezii with slight muscle guarding of the paracervicals. Exam of the shoulders revealed palpable tenderness of the subacromial space of the right shoulder. Exam of the lumbar spine revealed tenderness to palpation of the paralumbar muscles with slight muscle guarding. Authorization was requested for Voltaren gel.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Voltaren gel 1% (#100 grams): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 71.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Section Page(s): 111-113.

**Decision rationale:** Per the MTUS Guidelines, the use of topical analgesics is recommended as an option for some agents. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but with a diminishing effect over another 2-week period. When investigated specifically for osteoarthritis of the knee, topical NSAIDs have been shown to be superior to placebo for 4 to 12 weeks. Voltaren Gel 1% is FDA approved and indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. Maximum dose should not exceed 32 g per day (8 g per joint per day in the upper extremity and 16 g per joint per day in the lower extremity). In this case, the medication is intended for use on the injured worker's shoulder. As this drug has not been evaluated for use on the shoulder, the request for Voltaren gel 1% (#100 grams) is not medically necessary.